# L0700023443

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JUN 1 6 2009
EXAMINER

S. HAWKES

AUN 12009

EXAMINER





June 2, 2009

ANNETTE VOSS LAKE 13356 4TH ST FORT MYERS, FL 33905

SUBJECT: A PLUS ENTERPRISES, LLC

Ref. Number: L07000023443

We have received your document for A PLUS ENTERPRISES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Letter Number: 009A00018507

Suzanne Hawkes Regulatory Specialist II

# **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: A Plus ENTER PRISES LLC.  Name of Limited Liability Company	
The state of the s	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
AUNCHO Wass Colle	
A Plus ENTERPRISES LAC.	
13356 44 St.	
FORT MYERS FL 339W	
City/State and Zip Code  CHORUN 2002 C // A Hold, CA  E-mail address (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person  Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A Ylu	S ENTERPR	ISES LL	C.
(Name of the Limited Lin (A Flo	ability Company as it now appea orida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liab Florida document number <u>LO7000</u>	ility Company were filed on <u></u> 02.3443	TARCH \$100	and assigned
This amendment is submitted to amend the following	ing:	! !	
A. If amending name, <u>enter the new name of th</u>	e limited liability company he	re:	
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Comp	any," the designation "Li	in.
Enter new principal offices address, if applicabl	le: <u>133,5</u>	6 44 S	¥ = 0
(Principal office address MUST BE A STREET A	ADDRESS) FORT	33905	<b>高点 め</b>
Enter new mailing address, if applicable:		. 1	•
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
			<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered offic		our records, enter th	e name of the new
Name of New Registered Agent:	Annette 1	Joss-La	KE
New Registered Office Address:	13356 44	2 St.	
·	Fort Myer	nter Florida street addr FL, Florida	3905
New Registered Agent's Signature, if changing Reg	City	a .	Zip Code

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I is jamiliar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member Address **Type of Action** <u>Title</u> Name Add Remove ☐ Add Remove · Remove \_\_Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated \_ Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee